Illinois Department of Public Aid

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INFORMATIONAL NOTICE

TO: Providers Enrolled for Therapy Services

RE: Changes in Billing Procedures for Therapy Services

Effective with claims submitted on or after August 1, 2005, providers will be required to submit a modifier when billing for Speech, Occupational or Physical Therapy services. The required modifiers are outlined below:

Modifier GN - Speech Therapy
Modifier GO - Occupational Therapy
Modifier GP - Physical Therapy

In addition to the modifiers listed above, providers must also bill state defined modifier U6 with procedure codes 97110 and 92507 to designate therapy services within 60 days of hospital discharge.

Claims submitted on or after January 1, 2004, by a hospital, for the above therapy services, were either rejected for C03 (Illogical Quantity) or D01 (Duplicate Payment Voucher). Claims that rejected for C03 should be resubmitted using the appropriate modifier. To correct claims that rejected inappropriately for D01, providers will need to void the paid claim and resubmit using the appropriate modifier.

The department will no longer require the Rendering Provider Name and Rendering Provider Taxonomy Code in Loop 2310B, Elements NM1 & PRV, or in Loop 2420A, Elements NM1 & PRV of the 837P (Professional) claim. The Handbook for Electronic Processing, Chapter 300, Topic 302 and Appendix 5 have been updated to reflect this change. These documents can be found on the department's Web site at: http://www.dpaillinois.com/handbooks/chapter300.html or http://www.ildpa.com/handbooks/chapter300.html

Any questions regarding this notice may be directed to the Bureau of Comprehensive Health Services toll-free at 1-877-782-5565.

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